



**San Diego Regional Continuum of Care (RCCC)
U.S. Department of Housing and Urban Development (HUD)
Continuum of Care Program (CoC)
2014 New Project Declaration**

**Declaration of Intent to Submit
New CoC Project 2014**

Section I. General Information

1. Applicant Organization (*Entity that will contract with HUD*):
2. Applicant Contact Name:
3. Applicant Contact Phone Number:
4. Applicant Contact Email:
5. Applicant Organization DUNS Number:
6. Applicant Organization registered in Grants.gov (*Yes/No*):
 - a. If yes, Authorized Organization Representative (AOR) Name:

Section II. Project Summary

1. Project Type (*Permanent Supportive Housing for Chronic Persons or Rapid Rehousing*):
2. Housing Site Street Address:
3. Number of Beds:
4. Number of Units:
5. Household Type (*Households with Children, Households without Children*):
6. Target Population (*Specify Preferred and/or Required*):
7. Reallocation - Will project utilize existing HUD-funds from another project held by Applicant Organization (*Yes/No*):
 - a. If Yes, Enter existing HUD funded project name:

8. List all Project Subrecipients and Partners:

Section III. Budget

1. HUD Funds Request:
2. Number of Years Requested:
3. Total HUD Request: \$
 - a. Acquisition and Rehab: \$
 - b. Leasing: \$
 - c. Rental Assistance: \$
 - d. Operations: \$
 - e. Supportive Services: \$
 - f. HMIS: \$
 - g. Administration: \$
 - h. Other: \$
4. Total Match Committed to Project (*must be equal to or greater than 25%*): \$
 - a. Sources of Matching Resources:
5. Total Leverage Committed to Project: \$
 - a. Sources of Leveraged Resources:

Section IV. Project Detail

1. Can the size of the Project (*beds, budget*) be adjusted depending on the level of funding available? (*Yes/No*)
 - a. If Yes, provide the minimum number of beds and units that are viable for this Project:
 - b. If No, provide explanation.
2. Does your organization currently receive HUD CoC Funds?